Third Party Liability

A. Overview

1. Introduction

The **"Third Party Liability"** window in ACE has three tabs that are described in detail in this chapter:

- Medicare
- Health Insurance
- Injury

B. Medicare Tab

1. Description

The **"Medicare"** tab displays the information regarding Medicare Part A and Part B. Use a current WTPY to complete the fields on this tab.

The **"Medicare"** tab contains the following grids:

- Medicare Part A
- Medicare Part B
- Medicare and Railroad Claim Numbers

Third Party Liability (HAN SOLO - APPLICANT - 100061325, 8/1/2004)

| Medicare | Health Insurance | Injury |

Group list: HAN SOLO   Verified: Control date : Aug 2004

Medicare Part A

Receives:
- Yes
- No
- Unknown

Effective date: __/__/____
Buy-in date: __/__/____
Buy-in termination date: __/__/____
Premium paid by:
Premium amount:
Deduct from SOC:
Conditional:

Medicare Part B

Receives:
- Yes
- No
- Unknown

Effective date: __/__/____
Buy-in date: __/__/____
Buy-in termination date: __/__/____
Premium paid by:
Premium amount:
Deduct from SOC:

Medicare claim number:
Railroad claim number: Convert

Back   Find   OK   Cancel   Forward

Medicare Part A

Medicare Part B
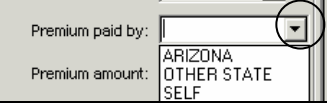
Medicare Claim Number

Railroad Claim Number

2. Medicare Part A and B Grids

The grids for both **"Medicare Part A"** and **"Medicare Part B"** are the same, except for the "Conditional" field in the **"Medicare Part A"** grid.

The table below describes both grids at the same time and the instructions for completing each field.

Field	How to Complete
Receives	• Click on the **"YES"** radio button if the customer receives Medicare Part A or Part B. • Click on the **"NO"** radio button if the customer does not receive Medicare Part A or B. • Click on the **"Unknown"** radio button if you do not know if the customer receives Medicare Part A or B.
Effective Date	• If answered **"YES"**, enter the date the customer began receiving Medicare Part A and/or B. You may either type in the date or click on the down arrow ($\forall$) to view the calendar and select a date.
Buy-in date (**Not required for KidsCare**)	If the State has begun to pay the premium for Medicare Part A and/or Part B, enter the date the buy-in

	occurred.
Buy-in termination date (**Not required for KidsCare**)	If the State buy-in has been terminated for Medicare Part A or Part B, enter the date.
Premium paid by (**Not required for KidsCare**)	Click on the down-arrow (⩒) and select from the drop-down list who pays the premium for Medicare Part A and B. Premium paid by: [　　　　] ⩒ Premium amount: ARIZONA / OTHER STATE / SELF
Premium amount (**Not required for KidsCare**)	Type in the premium amount for the Medicare Part A and Part B. ACE will default to 0.00.
Conditional (Part A only) (**Not required for KidsCare**)	Enrollment for Medicare Part A may occur only during open enrollment periods. When a monthly premium is required, some Medicare Part A customers apply for Part A on the condition that their application is valid only if QMB eligibility is approved later. This is called Conditional Part A. If the customer meets the criteria for Conditional Part A, place a check mark (✓) in the Conditional box (□).

3. Medicare Claim Number

The Medicare Claim Numbers consist of nine digits, which represent the customer's Social Security Number (SSN), followed by one or two letters and sometimes one or two numbers, called the Beneficiary Identification Code (BIC). The BIC identifies the relationship of the numident to the individual receiving Medicare. This may be the customer's own SSN or the SSN of a spouse or parent.

When the BIC number is entered incorrectly, it creates buy-in problems. If the SSN and BIC code do not exactly match with the Social Security Administration's record, the buy-in is delayed.

When keying the Medicare Claim number, do **not** key a "zero" between the letter and number within the BIC code. For example, key the Medicare Claim Number as 999-99-9999**B6** rather than **B06** (leaving out the "zero")**.**

4. Railroad Retirement

An individual whose primary employment was with the Railroad receives retirement benefits based on a Railroad Retirement Board (RRB) claim number rather than on a Social Security claim number. The dependents of an individual whose primary employment was with the Railroad may also receive benefits from the RRB.

The Railroad Claim Number could be more than nine digits and could also begin with more than one zero. The conversion instructions for converting RRB claim numbers to Medicare Claim Numbers has been programmed in ACE.

- Enter the customer's RRB claim number in the **"Railroad Claim Number"** field.
- Click the **"Convert"** button for ACE to automatically convert the Railroad Claim Number to the Medicare Claim Number.

Click **"Forward"** to save the information and travel the standard path to the **"Health Insurance"** tab.

C. Health Insurance Tab

1. Description

The next tab on the **"Third Party Liability"** window is **"Health Insurance"**.

Third Party Liability (TPL) means it is the responsibility of other third parties (health insurance, dental insurance, accident and insurance claims, settlements, etc.) to pay for all or a portion of a customer's

health care costs. AHCCCS is the payor of last resort, meaning that the program only pays for items that are not covered by third-party sources. TPL is important because it is a major source by which program expenditures can be reduced. Customers applying for KidsCare are required to identify all TPL sources.

The table below shows the fields displayed on the **"Health Insurance"** tab.

Field	Function
Type	Identifies the type of TPL the customer has.
Carrier Name	The name of the TPL.
Eligible for state employee medical benefits	Identifies whether the customer is eligible for state employee medical benefits.

If there are no entries on the detail window for **"Health Insurance"**, the **"No Data to Display"** message is shown in the **"Type/Carrier"** grid. Click the "**New**" button to enter a new health insurance policy.

2. How to Add a New TPL

Take the following actions to add a new TPL into ACE.

Enter the type of TPL coverage in the **"Type"** field. Select the type that best describes the TPL by using the drop-down arrow (∀) to view the drop-down list. Click on the selection or type the first letter of the type of TPL. For example, type in **H** for health insurance, **M** for Medigap or **O** for other. ACE will default to the type health insurance.

Health Insurance - Detail (HOWARD STERN - APPLICANT - 100066237, 8/1/2005)

Type: HEALTH INSURANCE

- HEALTH INSURANCE
- DENTAL
- VISION
- HOSPITALIZATION
- MEDIGAP
- OTHER
- MEDICARE REPLACEMENT

Type Drop Down

Code: 90219
Phone: 8005729990

Verified: Yes R

☐ Deduct from SOC

Serious/Chronic illness
○ Yes ● No

Find Carrier
Clear

City: AZ
Zip: 85029

Policy Holder's Information

Name: HOWARD STERN
SSN: 651-06-5100

Creditable Insurance
● Yes ○ No

Employer name:
Group number: 123456789
Policy number: 651065100
Effective date: 05/01/2003
Termination date: 09/30/2005
Termination reason: VOLUNTARY

Premium: 0.00
Frequency:
Date paid: _/_/___

Copy insurance to person...
Copy insurance to household

Prior | Next | New | Delete | OK | Cancel

The table below describes your choices:

Type of TPL	Description
Health Insurance	For example, group plans, HMOs and PPOs. **Note:** Most health insurance that makes a customer ineligible for KidsCare falls under this type of TPL.
Dental	Coverage for dental services only
Vision	Coverage for vision services only
Hospitalization	Covers specific services received in the hospital.
Medigap	A generic term for private health insurance that supplements Medicare, Medicaid or other governmental health programs filling in the "gaps" in the Medicare coverage. These policies cover deductibles and coinsurance.
Other	TPL that is not classified as Health Insurance, Dental, Hospitalization or Medigap. For example, accident insurance.
Medicare Replacement	Insurance plans specifically for Medicare beneficiaries, including but not limited to Medicare HMO or PPO plans and private insurance plans. These provide Medicare covered services and many provide additional coverage.

The first grid is **"Carrier"**. All of the fields except for **"Name"** are completed by ACE.

- Enter the name of the carrier by typing the name of the insurance company. For example, if the company is Cigna, type Cigna.
- Click on the **"Find Carrier"** button.
- The **"Carrier ID and Name Search"** window opens. The list of insurance companies appears with the company closest to the spelling you entered on the **"Health Insurance-Detail"** window. Use the vertical scroll bar to scroll up and down and view additional carriers.

Enter the Carrier ID and Carrier Name by clicking on the Carrier name in the grid to highlight the name.

If you know the Carrier ID and Carrier Name when the **"Carrier ID and Name Search"** window is open, type the number in the **"Carrier ID"** field or the full or partial name of the insurance company in the **"Carrier Name"** field. ACE then searches using the new information you just typed.

Click **"OK"** on the **"Carrier ID and Name Search"** window. This saves the information and returns you to the **"Health Insurance-Detail"** window. The TPL fields in the **"Carrier"** grid are now complete.

Note: If you click **"Cancel"** on the **"Carrier ID and Name Search"** window, the window closes without carrying the TPL information back to the **"Health Insurance-Detail"** window.
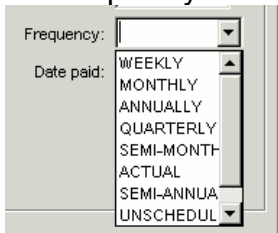
Field	Description
Code	Displays the numerical code assigned to identify the specific TPL.
Address	Displays the address of the health insurance company.
Phone	Displays the telephone number of the health insurance company.

The next grid on the **"Health Insurance-Detail"** window is **"Policy Holder's Information"**.

The table below shows how to complete each field.

Field	How to Complete
Name	Type in the name of the person who is the policyholder or select the name from the dropdown, if the policyholder is in the household.
SSN	Type in the SSN of the person who is the policyholder of the responsible relative. If the policyholder is in the household and has an SSN, this field will be automatically filled.
Creditable Insurance	Click on the radio button that indicates if the insurance was creditable or not.
Employer Name (**Not required for**	If the policy is carried through the employer, type in the Employer Name.

KidsCare)	
Group Number	Type in the group number, if the policy has one.
Policy Number	Type in the policy number of the health insurance.
Effective Date	Type in the effective date (date the coverage began) of the policy or click the down-arrow (∀) to view the calendar.
Termination Date	Enter the date the policy terminated or click the down-arrow (∀) to view the calendar..
Termination Reason	Enter the reason why the policy terminated. Click the down-arrow (∀) to view the selection from the drop-down list or begin typing the termination reason. The choices are: • Involuntary-Other; or • Voluntary-Other.
Premium (**Not required for KidsCare**)	Enter the amount of the TPL premium only if the policy is still active.
Frequency (**Not required for KidsCare**)	Type in how frequently the customer is billed or use the down-arrow (∀) to view the frequency selection.
Date Paid (**Not required for KidsCare**)	Type in the date that the premium is due.
Serious/Chronic Illness	Click on the radio button indicating whether the customer has a serious or chronic illness.

To use the same health insurance information for another person in the group, click on the **"Copy insurance to person"** button, and a drop down box will appear. The box will list all group members known to this case for the on-going control months. Check the household members who have the same health insurance information and then click on the "**Copy insurance to person**".

An ACE window will appear saying, **"Copy completed to household members"** and click the **"OK"** button.

Health Insurance – Detail (HOMER SIMPSON – APPLICANT – 100061751, 2/1/2005)

Type: HEALTH INSURANCE

Carrier
Name: CIGNA HEALTHCARE   Code: 95570
Address 1: P.O. BOX 38639   Phone: 8006277534
Address 2:
City, State: PHOENIX   AZ
Zip: 85069
Find Carrier
Clear

Verified: No R
Deduct from SOC
Serious/Chronic illness   Yes • No

Policy Holder's Information
Name: HOMER SIMPSON
SSN: 123-45-6798
Creditable Insurance   • Yes No

Employer name: Nuclear Power Plant
Group number: 12345
Policy number: 123456798
Effective date: 01/01/2001
Termination date: 01/31/2005
Termination reason: INVOLUNTARY

Premium:
Frequency:
☐ MARGE SIMPSON
☐ BART SIMPSON
☐ LISA SIMPSON
Copy insurance to person...
Copy insurance to household

Group Drop Down

Copy insurance to person

Prior Next New Delete OK Cancel

To use the same health insurance information for the entire group, click on the **"Copy insurance to household"** button, and the health insurance information will automatically be copied to the rest of the household members.

Health Insurance – Detail (HOWARD STERN – APPLICANT – 100066237, 8/1/2005)

Type: HEALTH INSURANCE

Carrier
Name: CIGNA HEALTHCARE   Code: 90219
Address 1: 11001 N BLACK CANYON HWY   Phone: 8005729990
Address 2:
City, State: PHOENIX   AZ
Zip: 85029
Find Carrier
Clear

Verified: Yes R
Deduct from SOC
Serious/Chronic illness   Yes • No

Policy Holder's Information
Name: HOWARD STERN
SSN: 651-06-5100
Creditable Insurance   • Yes No

ACE
Copy completed to Household members
OK

Policy number: 651065100
Effective date: 05/01/2003
Termination date: 09/30/2005
Termination reason: VOLUNTARY

Premium:
Frequency:
Date paid: __/__/____
Copy insurance to person...
Copy insurance to household

ACE Window

Copy insurance to household

Prior Next New Delete OK Cancel

Click **"OK"** to save the information and close the window. This returns you to the **"Health Insurance"** tab. Upon returning to the **"Health Insurance"** tab, the **"Summary"** displays the **"Type"** and **"Carrier Name"** you entered on the **"Health Insurance-Detail"** window.

Note: if you click **"Cancel"**, the window closes and does not save the information.

Current Health Insurance Information

3. How to View an Existing Health Insurance Entry

If Health Insurance Information was previously entered in ACE, the **"Third Party Liability Summary"** window shows the type and carrier name.

Existing Health Insurance

Take the following actions to view and change existing Health Insurance information.

Click **"Detail"** to view the previously entered health insurance information. This takes you to the **"Health Insurance-Detail"** window.

Review the information to see if anything has changed.

If you…	Then…
Put insurance on the wrong person.	• Click **"Delete"** on the **"Health Insurance-Detail"** window. • The **"Delete TPL detail record"** pop-up window appears that asks you if you are sure you want to delete the record. Click **"YES"**. • Enter the new health insurance information.
Need to change the insurance information.	• Open the health insurance detail record. • Change the incorrect information.

	• Click **"OK"** on the **"Health Insurance-Detail"** window to save the corrected information and close the window.
Do not need to change any health insurance information	Click **"OK"** on the **"Health Insurance-Detail"** window to save the information and close the window.

4. State Employee Medical Benefits

An applicant is not eligible for KidsCare if they are eligible for state employee medical benefits. You will need to indicate whether each applicant is eligible for state employee medical benefits on the **"Health Insurance"** tab.

Eligible for state employee medical benefits

Click **"Forward"** to save the information and travel the standard path to the **"Enrollment Choice"** window.

D. Injury Tab

1. Description

The **"Injury"** tab is not accessible from the Standard Path. To access this tab, click on the **"Injury"** tab on the **"Third Party Liability"** window.

As a condition of eligibility, a customer must assign rights to payments for medical care from any first or third party liability source. They must also cooperate by providing information

necessary to pursue reimbursement to AHCCCS. The **"Injury"** tab is completed when the customer has been injured and another party is, or may be, liable for resulting damages, and the customer has, or will, incur medical expenses resulting from that injury, or before, a period of AHCCCS eligibility.

AHCCCS is entitled to an amount from such TPL settlement equal to the State Medicaid expenditures on behalf of the individual for whom the TPL settlement is issued.

The **"Injury"** tab does not replace or produce the Injury Referral Form (DE-124). It is still necessary to complete and forward the form. If your customer has been injured and another party may be responsible, create a referral on the **"Referral by Applicant"** window for tracking purposes.

Below is an example of the **"Injury"** tab that displays on the **"Third Party Liability"** window.

Note: Since there has been no accident/injury recorded in ACE, the **"Medical Condition"** field shows **"No Data to Display"**.

2. How to Add a New Injury

Take the following actions when a customer has had an accident or injury.

Click **"New"** on the **"Third Party Liability"** window, **"Injury"** tab. This opens the **"Third Party Liability-Injury"** window.

Complete the fields on the **"Third Party Liability - Injury"** window.

Field	How to Complete
Medical Condition	Type in the medical condition (injury) that resulted from the accident.
Is the medical condition a result of an accident or injury?	Click on the radio button that best answers the question.
Is there another party liable for the injury?	
Lawsuit pending?	
Expected settlement date:	Type in the date the customer expects a settlement; or click on the down arrow (∀) to view the calendar.
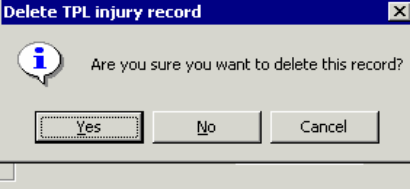
Click **"OK"** on the **"Third Party Liability-Injury"** window to save the information and close the window. This also returns you to the **"Third Party Liability"** window, **"Injury"** tab. The medical condition that you entered on the **"Third Party Liability-Injury"** window is now complete on the **"Injury"** tab.

Note: If you click **"Cancel"**, the window closes without saving the information.

Injury Summary

Click **"Forward"** to continue to the next tab in the Standard Path, which is **"Enrollment Choice"**.

Note: Completing the **"Injury"** tab does not replace the Injury Referral form. Be sure to indicate the date you completed the Injury Referral Form and forwarded it to the Public Consulting Group (the company with whom AHCCCS contracts to handle third-party recovery) when you create the referral on the **"Referrals by Applicant"** window.

3. How to View an Existing Injury Entry

If a previous entry was entered into ACE, the **"Third Party Liability Summary"** window shows the medical condition.

Existing Injury Record

Take the following actions to view and/or change existing Injury information.

Click **"Detail"** to view the previously entered injury information. This takes you to the **"Third Party Liability-Injury"** window.

Review the information to see if anything has changed.

If you…	Then…
Need to change the previously entered Injury information	• Click **"Delete"** on the **"Third Party Liability-Injury"** window.

	• The **"Delete TPL Injury record"** pop-up window appears that asks you if you are sure you want to delete the record. Click **"YES"**. ![Delete TPL injury record dialog box: "Are you sure you want to delete this record?" with Yes, No, and Cancel buttons] Enter the new injury information.
Do not need to change any information	Click **"OK"** on the **"Third Party Liability-Injury"** window to save the information and close the window.